

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

Paramount Care of Michigan

NAIC Group Code	1212 <small>(Current Period)</small>	1212 <small>(Prior Period)</small>	NAIC Company Code	95566	Employer's ID Number	38-3200310
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Date Incorporated or Organized	12/16/1993		Date Commenced Business	06/07/1996		
Statutory Home Office	106 Park Place <small>(Street and Number)</small>		Dundee, MI 48131 <small>(City, or Town, State and Zip Code)</small>			
Main Administrative Office			106 Park Place <small>(Street and Number)</small>			
	Dundee, MI 48131 <small>(City or Town, State and Zip Code)</small>		(734)529-7800 <small>(Area Code) (Telephone Number)</small>			
Mail Address	106 Park Place <small>(Street and Number or P.O. Box)</small>		Dundee, MI 48131 <small>(City, or Town, State and Zip Code)</small>			
Primary Location of Books and Records			1901 Indian Wood Circle <small>(Street and Number)</small>			
	Maumee, OH 43537 <small>(City, or Town, State and Zip Code)</small>		(419)887-2500 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Jeff Martin <small>(Name)</small>		(419)887-2959 <small>(Area Code)(Telephone Number)(Extension)</small>			
	jeff.martin@promedica.org <small>(E-Mail Address)</small>		(419)887-2020 <small>(Fax Number)</small>			
Policyowner Relations Contact			1901 Indian Wood Circle <small>(Street and Number)</small>			
	Maumee, OH 43537 <small>(City, or Town, State and Zip Code)</small>		(419)887-2500 <small>(Area Code) (Telephone Number)(Extension)</small>			

OFFICERS

Chairman	John Charles Randolph Mr.
President	John Charles Randolph Mr.
Vice Chairman	Marilyn Naomi Carnell Ms.
Treasurer	Kathleen S. Hanley Mrs.
Secretary	Jeffrey Craig Kuhn Mr.

VICE PRESIDENTS

Neeraj Kumar Kanwal Dr Mark Henry Moser Mr.	Robert James Kolodgy Mr.
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DIRECTORS OR TRUSTEES

Marilyn Naomi Carnell Ms. Jeffrey Ray Lewis Dr. Heather Ann Socha Ms.	Thomas Henry Gross Dr. John Charles Randolph Mr.
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State of Michigan
County of Monroe ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature) John Charles Randolph (Printed Name) President	(Signature) Jeffrey Craig Kuhn (Printed Name) Secretary	(Signature) Robert James Kolodgy (Printed Name) Senior Vice President
---------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------------------------------

Subscribed and sworn to before me this day of , 2004	a. Is this an original filing?	Yes[X] No[]
	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	4,506	.....	.....	.....	.....	4,506
0299998 Premium due and unpaid not individually listed	609,733	.....	.....	.....	.....	609,733
0299999 Total group	609,733	.....	.....	.....	.....	609,733
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ..	614,239	.....	.....	.....	.....	614,239

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
	NONE					
0599999 Health care receivables .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	259,094					259,094
0499999 Subtotals	259,094					259,094
0599999 Unreported claims and other claim reserves						1,810,471
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,069,565
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
PARAMOUNT HEALTH CARE	772,361					772,361	
0							
0							
0199999 Total - Individually listed receivables	772,361					772,361	
0299999 Receivables not individually listed	6,757					6,757	
0399999 Total gross amounts receivable	779,117					779,118	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
PARAMOUNT HEALTH CARE .....	.....	501,853	501,853	.....
0 .....	.....	.....	.....	.....
0 .....	.....	.....	.....	.....
0199999 Total - Individually listed payables	X X X	501,853	501,853	.....
0299999 Payables not individually listed	X X X	4,545	4,545	.....
0399999 Total gross payables	X X X	506,398	506,398	.....

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	180,084	0.975	76,059	100.000	109,041	71,043
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	180,084	0.975	76,059	100.000	109,041	71,043
Other Payments:							
5.	Fee-for-service	495,290	2.682	X X X	X X X		495,290
6.	Contractual fee payments	17,789,981	96.342	X X X	X X X	11,859,658	5,930,323
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	18,285,271	99.025	X X X	X X X	11,859,658	6,425,613
13.	Total (Line 4 plus Line 12)	18,465,355	100.000	X X X	X X X	11,968,699	6,496,656

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		NONE			
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	5,374	.....	(4,031)	.....	1,344	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total	5,374	.....	(4,031)	.....	1,344	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95566

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	4,504		3,430					1,074					
2. First Quarter	4,430		3,433					997					
3. Second Quarter	6,609		5,608					1,001					
4. Third Quarter	7,313		6,328					985					
5. Current Year	7,623		6,639					984					
6. Current Year Member Months	76,059		64,105					11,954					
Total Member Ambulatory Encounters for Year:													
7. Physician	74,786		44,845					29,941					
8. Non-Physician	42,657		8,540					34,117					
9. Total	117,443		53,385					64,058					
10. Hospital Patient Days Incurred	3,496		1,162					2,334					
11. Number of Inpatient Admissions	721		368					353					
12. Health Premiums Collected	19,843,560		12,644,047					7,199,513					
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	20,586,971		13,391,402					7,195,569					
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	18,465,355		11,412,918					7,052,437					
18. Amount of Incurred for Provision of Health Care Services	18,921,655		12,076,323					6,845,332					

35 Grand Total

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95566

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	4,504		3,430					1,074					
2. First Quarter	4,430		3,433					997					
3. Second Quarter	6,609		5,608					1,001					
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16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	18,465,355		11,412,918					7,052,437					
18. Amount of Incurred for Provision of Health Care Services	18,921,655		12,076,323					6,845,332					

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

36	Schedule A - Verification -	NONE
36	Schedule B - Verification -	NONE
36	Schedule BA - Verification -	NONE
37	Schedule D - Summary by Country -	NONE
37	Schedule D - Verification -	NONE
38	Schedule D Part 1A Sn 1 - #1 -	NONE
39	Schedule D Part 1A Sn 1 - #2 -	NONE
40	Schedule D Part 1A Sn 1 - #3 -	NONE
41	Schedule D Part 1A Sn 2 - #1 -	NONE
42	Schedule D Part 1A Sn 2 - #2 -	NONE
43	Schedule D Part 1A Sn 2 - #3 -	NONE
44	Schedule DA Part 2 -	NONE
45	Schedule DB Part A Verification -	NONE
45	Schedule DB Part B Verification -	NONE
46	Schedule DB Part C Verification -	NONE
46	Schedule DB Part D Verification -	NONE
46	Schedule DB Part E Verification -	NONE
47	Schedule DB Part F Sn 1 - Sum Replicated Assets -	NONE
48	Schedule DB Part F Sn 2 - Recon Replicated Assets -	NONE
49	Schedule S - Part 1 - Section 2 -	NONE
50	Schedule S - Part 2 -	NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
66346	58-0828824 ...	01/01/2003	MUNICH AMERICAN REASSUR CO	Florida	SSL/A	247,735						
0299999 Total - Non-Affiliates						247,735						
0399999 Totals						247,735						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
					NONE								
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums	146	33	22	12	15
2. Title XVIII-Medicare	101	36	22	20	
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	2,909,148		2,909,148
2. Accident and health premiums due and unpaid (Line 12)	614,239		614,239
3. Amounts recoverable from reinsurers (Line 13.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,113,640		1,113,640
6. Total assets (Line 26)	4,637,028		4,637,028
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,069,565		2,069,565
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	117,357		117,357
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	611,156		611,156
12. Total liabilities (Line 22)	2,798,078		2,798,078
13. Total capital and surplus (Line 30)	1,838,950	X X X	1,838,950
14. Total liabilities, capital and surplus (Line 31)	4,637,028		4,637,028
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95189 ..	.. 34-1549926 ..	Paramount Health Care .....	.....	.....	.....	.....	..... (1,790,285)	.....	.....	.....	..... (1,790,285)	.....
.. 95566 ..	.. 38-3200310 ..	Paramount Care Of MI Inc .....	.....	.....	.....	.....	..... (83,615)	.....	.....	.....	..... (83,615)	.....
.. 11518 ..	.. 01-0580404 ..	Promedica Life Ins Co .....	.....	.....	.....	.....	..... (5,950)	.....	.....	.....	..... (5,950)	.....
.. 00000 ..	.. 34-1623220 ..	Paramount Preferred Options, Inc. ....	.....	.....	.....	.....	..... (5,609)	.....	.....	.....	..... (5,609)	.....
.. 00000 ..	.. 34-1570675 ..	ProMedica Insurance Corporation .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 00000 ..	.....	ProMedica Health System .....	.....	.....	.....	.....	..... 1,885,459	.....	.....	.....	..... 1,885,459	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	No
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
9. Will Management's Discussion and Analysis be filed by April 1?	Yes
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
11. Will the Investment Risks Interrogatories be filed by April 1?	No
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



SVO Compliance Certification



Health Life Supplement



Health Property / Casualty Supplement



LTC Experience Reporting Form C



Supplemental Investment Risks Interrogatories



OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1 Claim Adjustment Expenses	2 General Administrative Expenses	3 Investment Expenses	4 Total
2504. Equipment Repair & Maintenance .....	.....	.....	.....	.....
2505. City Income Tax .....	.....	(11,613)	.....	(11,613)
2506. Staff Seminar .....	.....	.....	.....	.....
2507. Franchise Tax .....	.....	(15,485)	.....	(15,485)
2508. Entertainment .....	.....	.....	.....	.....
2509. Property Tax .....	.....	140	.....	140
2510. Professional Fees .....	.....	.....	.....	.....
2511. Misc. Expense .....	.....	495	.....	495
2512. Contributuions .....	.....	.....	.....	.....
2513. Dietary Transfer .....	.....	.....	.....	.....
2514. Purchased Services .....	.....	14,458	.....	14,458
2515. Allocated General Admin	47,927	304,476	.....	352,403
2516. Corporate Overhead	11,372	72,243	.....	83,614
2597. Summary of overflow write-ins for Line 25	59,298	364,714	.....	424,012

LS1 Life Supplement Title Page - NONE

LS2 Exhibit 5 - Aggregate Reserve for Life - NONE

LS3 Exhibit 5 - Interrogatories - NONE

LS4 Exhibit 7 - Deposit Type Contracts - NONE

LS5 Schedule S - Part 1 - Section 1 - NONE

LS6 Schedule S - Part 3 - Section 1 - NONE

OVERFLOW PAGE FOR WRITE-INS

PS1	Property Supplement Title Page -	NONE
PS2	Schedule F Part 1 Assumed Reinsurance -	NONE
PS3	Schedule F Part 3 Ceded Reinsurance -	NONE
PS4	Schedule P - Part 1 Summary -	NONE
PS5	Schedule P - Part 1A -	NONE
PS6	Schedule P - Part 1B -	NONE
PS7	Schedule P - Part 1C -	NONE
PS8	Schedule P - Part 1D -	NONE
PS9	Schedule P - Part 1E -	NONE
PS10	Schedule P - Part 1F Sn 1 -	NONE
PS11	Schedule P - Part 1F Sn 2 -	NONE
PS12	Schedule P - Part 1G -	NONE
PS13	Schedule P - Part 1H Sn 1 -	NONE
PS14	Schedule P - Part 1H Sn 2 -	NONE
PS15	Schedule P - Part 1I -	NONE
PS16	Schedule P - Part 1J -	NONE
PS17	Schedule P - Part 1K -	NONE
PS18	Schedule P - Part 1L -	NONE
PS19	Schedule P - Part 1M -	NONE
PS20	Schedule P - Part 1N -	NONE
PS21	Schedule P - Part 1O -	NONE

PS22	Schedule P - Part 1P -	NONE
PS23	Schedule P - Part 1R Sn 1 -	NONE
PS24	Schedule P - Part 1R Sn 2 -	NONE
PS25	Schedule P - Part 1S -	NONE
PS26	Schedule P - Part 2 Summary -	NONE
PS27	Schedule P - Part 2A -	NONE
PS27	Schedule P - Part 2B -	NONE
PS27	Schedule P - Part 2C -	NONE
PS27	Schedule P - Part 2D -	NONE
PS27	Schedule P - Part 2E -	NONE
PS28	Schedule P - Part 2F Sn 1 -	NONE
PS28	Schedule P - Part 2F Sn 2 -	NONE
PS28	Schedule P - Part 2G -	NONE
PS28	Schedule P - Part 2H Sn 1 -	NONE
PS28	Schedule P - Part 2H Sn 2 -	NONE
PS29	Schedule P - Part 2I -	NONE
PS29	Schedule P - Part 2J -	NONE
PS29	Schedule P - Part 2K -	NONE
PS29	Schedule P - Part 2L -	NONE
PS29	Schedule P - Part 2M -	NONE
PS30	Schedule P - Part 2N -	NONE
PS30	Schedule P - Part 2O -	NONE
PS30	Schedule P - Part 2P -	NONE
PS31	Schedule P - Part 2R Sn 1 -	NONE
PS31	Schedule P - Part 2R Sn 2 -	NONE
PS31	Schedule P - Part 2S -	NONE
PS32	Schedule P - Part 3 Summary (Work Paper) -	NONE
PS33	Schedule P - Part 3A (Work Paper) -	NONE
PS33	Schedule P - Part 3B (Work Paper) -	NONE
PS33	Schedule P - Part 3C (Work Paper) -	NONE
PS33	Schedule P - Part 3D (Work Paper) -	NONE
PS33	Schedule P - Part 3E (Work Paper) -	NONE
PS34	Schedule P - Part 3F Sn 1 (Work Paper) -	NONE
PS34	Schedule P - Part 3F Sn 2 (Work Paper) -	NONE
PS34	Schedule P - Part 3G (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 1 (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper) -	NONE
PS35	Schedule P - Part 3I (Work Paper) -	NONE
PS35	Schedule P - Part 3J (Work Paper) -	NONE
PS35	Schedule P - Part 3K (Work Paper) -	NONE
PS35	Schedule P - Part 3L (Work Paper) -	NONE
PS35	Schedule P - Part 3M (Work Paper) -	NONE
PS36	Schedule P - Part 3N (Work Paper) -	NONE
PS36	Schedule P - Part 3O (Work Paper) -	NONE
PS36	Schedule P - Part 3P (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper) -	NONE
PS37	Schedule P - Part 3S (Work Paper) -	NONE

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 1212

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 95566

PSS126 Grand Total

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal Flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non - liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical malpractice												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	All other A & H (b)												
15.7	Federal employees health benefits program premium (b)												
16.	Workers' compensation												
17.	Other liability												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
33.	Aggregate write-ins for other lines of business												
34.	TOTALS (a)												
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3301												
3302												
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3398.	Summary of remaining write-ins for Line 33 from overflow page												
3399.	TOTALS (Lines 3101 through 3303 plus 3398) (Line 33 above)												

(a) Finance and service charges not included in Lines 1 to 34 \$.....
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 1212

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code: 95566

PSS126 Michigan

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal Flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non - liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical malpractice												
12.	Earthquake												
13.	Group accident and health (b)												
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15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	All other A & H (b)												
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